

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 208
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Christmas Arizona or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Teresa Quintana
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births. --	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>March 30 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Rudolph Quintana

9. Residence
(Usual place of abode) Christmas Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation
Nature of Industry Mining machine man

14. MOTHER
Full maiden name Jesus Montoya

15. Residence
(Usual place of abode) Christmas Arizona
If non-resident, give place and state.

16. Color or race Mexican
17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation
Nature of Industry House Wife

20. Number of children of this mother <u>3</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.10 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. V. Davis M.D.

Physician (Physician or Midwife).

Given name added from a supplemental report _____ Address Christmas Arizona

Month, day, year _____ Filed April 10 1930 P. H. Hutton
Registrar Registrar

441-330-141